

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	04/09/2019 16:33
Date Of Accident	15/07/2018 20:30
Exact Location Of Accident	JALAN RENGKAM
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ9009K
Insured/Policyholder	
Name Of Registered Owner	SOON YI WEI MANDY
NRIC No	S8406245F
Email Address	MANDY@KASHINSHIPPING.COM.SG
Mobile Phone No	(LOCAL) +65-90668685
Alternative Phone No	OTHERS-90668685

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C200 COUPE AUTO
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA145562
Cover Note Number	

Driver

Name of Driver	SOON YI WEI MANDY
NRIC No	S8406245F
Date Of Birth	29/02/1984
Occupation	INDOOR
Date Of Driving Pass	11/05/2005
Driving Experience	13 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90668685
Fax Number	
Contact Number	OTHERS-90668685
EEmail Address	MANDY@KASHINSHIPPING.COM.SG

Address	5A UPPER BOON KENG ROAD #04-710
Postcode	381005
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	NO COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	3
Passenger 1	NAME: : DAUGHTER GENDER: : FEMALE
Passenger 2	NAME: : FOREIGN DOMESTIC WORKER GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PAYA LEBAR NPP
Police Station Address	ROAD: 114 HOUGANG AVE 1 #01-1270 , POSTCODE: 530114 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHED & POLICE REPORT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLC9491Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan


SKETCH PLAN

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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**


I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.


Policyholder's Signature
Date & Time:

4 Sep 2019
4.20 pm

Driver's Signature
(If driver is not the policyholder)
Date & Time:


Reporting Centre Personnel's Signature
Name: Amyl
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

SKETCH PLAN

Vehicle
A - SLR 9009X
B - SLR 9491Z

Lim Ah Pin Rd

Legend
Vehicle
Motorcycle

Vehicle B Location unknown as there was no impact felt while turning

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report No: T/20180811/2093

DECLARATION

I/We declare the foregoing particulars are true in every respect.

I/We declare the foregoing particulars are true in every respect.
Please be advised that your insurer may have a fourteen (14) days clause whereby the claim against own policy must be made within the stipulated timeframe from the date of occurrence. Kindly check your policy for more details.

Policyholder's Signature _____

Date & Time:

4 Sept 2019
4.20 pm.

Driver's Signature _____

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Paryl

Identification Card



Common Statement

ACCIDENT STATEMENT (Part I)

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims

1 Date of accident Time 15/07/2018 2030		2 Exact location of accident Jalan Renggam.		To be signed by BOTH drivers	
4 Material damage To vehicles other than vehicles A and B No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		To objects other than vehicles No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		3 Injuries even if slight No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
5 Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B)				Vehicle Video Camera Available No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	

Registration No. (VEHICLE A) SLA 909K

6 Insured / policyholder (see insurance cert.)
Name SOON YI WEI MANDY
(capital letters)
Address SA Upper Boon Keng Road #04-710 S(381005)
NRIC / Passport no. S8406245F
Tel no. (from 9am till 5pm)
HP 90668685

7 Vehicle
Make, type MAZDA COOD Coupe
A 2WD 20R

8 Insurance company
AXA ☒ C ☐ TPFT ☐ TPO
Does the policy cover damage to vehicle A?
No ☐ Yes ☒
Policy No. GA45562

9 Driver
☒ Same as Owner
Name
(capital letters)
NRIC / Passport no.
Class of licence 3
HP
Gender Male ☐ Female ☒

12 CIRCUMSTANCES
Put a cross (X) in each of the relevant boxes applicable to your vehicle

<input type="checkbox"/>	Chain Collision
<input type="checkbox"/>	Collided into bicyclist
<input type="checkbox"/>	Collided into Motorcycle
<input type="checkbox"/>	Collided into Parked Vehicle
<input type="checkbox"/>	Collided into Pedestrian
<input type="checkbox"/>	Collided into Property
<input type="checkbox"/>	Collision - Change/Cross Lane
<input type="checkbox"/>	Collision - Cross Junction
<input type="checkbox"/>	Collision - Head on Collision
<input type="checkbox"/>	Collision - Head to Rear
<input type="checkbox"/>	Collision - Major/Minor Hit
<input type="checkbox"/>	Collision - Opening Door of Vehicle
<input type="checkbox"/>	Collision - Roundabout
<input type="checkbox"/>	Collision - T-bone
<input type="checkbox"/>	Drunk Driving / Drug Influence
<input type="checkbox"/>	Fire, Explosion or Lightning
<input type="checkbox"/>	Flood
<input type="checkbox"/>	Hit and Run / Vanishing / Damaged whilst Parked
<input type="checkbox"/>	Hit by Fallen Tree / Other Objects
<input type="checkbox"/>	No Collision
<input type="checkbox"/>	Side Swipe
<input type="checkbox"/>	Theft

Registration No. (VEHICLE B) SLC 9491 Z

6 Insured / policyholder (see insurance cert.)
Name
(capital letters)
Address
NRIC / Passport no.
Tel no. (from 9am till 5pm)
HP

7 Vehicle
Make, type
Insurance company
☐ C ☐ TPFT ☐ TPO
Does the policy cover damage to vehicle B?
No ☐ Yes ☐
Policy No. (if available)

9 Driver (See driving licence)
(if different from insured B above)
Name
(capital letters)
NRIC / Passport no.
Class of licence
HP
Gender Male ☐ Female ☐

10 Indicate the point of initial impact with an arrow (->)

11 Visible damage to vehicle A
Unknown.

14 My remarks

13 Sketch of accident when impact occurred
Please indicate: 1. layout of the road - 2. the direction of vehicles A and B with arrows - 3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads

REFER TO ATTACHED

15 Signatures of drivers

A Mandy

B

10 Indicate the point of initial impact with an arrow (->)

11 Visible damage to vehicle B

14 My remarks

* In the event of injuries or in the event of damage to property other than to vehicles A and B, give information overleaf

Do not alter anything in this statement after signing. Subsequently, each driver should take one copy.

For insured's Individual Statement (Part II) see overleaf ->

Individual Statement

INDIVIDUAL STATEMENT (Part II)		Own Workshop Email / Fax (if any):													
To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)															
Insured	1 Occupation (if more than one, state all)		Email: <u>maurya@kashinshipping.com</u>												
	2 Vehicle registration no. <u>C.C.</u>		If commercial vehicle, state permissible carrying capacity												
	3 Is driver the owner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, State Relationship of Driver with owner		state the vehicle number and name of insurer of driver's own vehicle (where applicable)												
	4 Exact purpose for which vehicle was being used at time of accident <input checked="" type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Private Hire														
	5 Is the vehicle still in use? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, state where it is at present Tel no. _____														
	6 Are you claiming under your own insurance policy for repair to your vehicle? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, state action to be taken: <input type="checkbox"/> Third Party <input checked="" type="checkbox"/> Reporting Only <input type="checkbox"/> Third Party (Own Workshop)														
Of which vehicle are you the owner?															
Driver or person in charge of vehicle at the time of accident (including insured)	7 Date of birth	Occupation	Date of license pass												
	<u>29/02/84</u>	Indoor <input checked="" type="checkbox"/> Outdoor <input type="checkbox"/>	<u>11/05/05</u>												
	Was vehicle driven with the insured's permission? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>														
	Was driver an employee of the insured's company? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>														
8 Give details of any pre-existing impairment of sight or hearing and of any other disability _____															
9 Full details of all driving convictions including pending prosecutions in the last 36 months															
<table border="1"> <thead> <tr> <th>Date</th> <th>Offence</th> <th>Penalty</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>				Date	Offence	Penalty									
Date	Offence	Penalty													
Injured persons	10 Name(s), address(es) and approximate age(s)	Injuries sustained	If vehicle occupants, state in which vehicle												
Damage to property & vehicles (other than vehicles A and B)	11 Name(s) and address(es) of owner(s)	Vehicle registration no. or details of property	Nature of damage												
Police action	12 Was the accident reported to the Police? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please state which Police station <u>Paya lebur NPP</u>														
	13 Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, against whom? _____														
Accident details	14 Weather conditions Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others _____														
	15 Road surface Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Others _____														
	16 Speed of vehicles A _____ km/hr B _____ km/hr														
	17 What warnings were given by driver or other party? _____														
	18 Were street lights illuminated? Yes <input type="checkbox"/> No <input type="checkbox"/>														
	19 What lights were displayed on your vehicle/the other vehicle(s)? _____														
	20 If your vehicle is commercial, state weight of load carried at time of accident _____														
	21 State how accident happened, width of roads, speed limits, etc (Refer to attached)														
Declaration	22 State number of Passengers (including Driver) <u>3</u> Daughter & Helper.														
	I/We declare the foregoing particulars are true in every respect														
Policyholder's signature <u>Maurya</u>		Date <u>4 Sep 2019</u>													
Driver's signature (if driver is not the policyholder) _____		Date _____													

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180811/2093

Police Station Of Origin:
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999

1 of 3

Report No. T/20180811/2093

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/08/2018 17:51	Vide Report No.:	Station Diary No.: 47
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Informant's Particulars

Name of Informant: SOON YI WEI MANDY			Address: APT BLK 5A UPPER BOON KENG ROAD #04-710 SINGAPORE 381005		
ID Type / ID No.: NRIC NO / S8406245F			Contact No.: Home/Office: Mobile: 90668685		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 34	Date of Birth: 29/02/1984	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: General Manager			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 15/07/2018 20:30	Type of Location: Straight Road
Location: Along Road 1 JALAN RENGKAM				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLC9491Z	Car	VOLVO	S80 T5 2.0 A/T ABS D/AIRBAG 2WD	Black		0
SLQ9009K	Car	MERCEDES BENZ	C200 COUPE A/UTO 2WD 2DR	White		2

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180811/2093

2 of 3

Police Station Of Origin:
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999

Report No. T/20180811/2093

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLQ9009K	AXA INSURANCE SINGAPORE PTE LTD	GA145562	08/12/2017	07/12/2018

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	SOON YI WEI MANDY		ID No.	S8406245F
Related Vehicle	SLQ9009K (Car)		Contact No.	90668685
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Brief Details.

On the 15/07/2018 at about 2030hrs, I was driving my vehicle along upper serangoon road and turn left into the Jalan Rengkam and I noticed there was a lorry in front of me performing a three point turn to exit the road as it was a dead end. I had to perform the same maneuver as to exit as well, I reversed to a landed property and proceeded to exit to the main road. I did not felt any impact or any collision between my vehicle or another vehicle. On the next day, I noticed there was a black stain on the front left of my vehicle which I then went and clean the stain away but there were no damages to my vehicle. I have a camera installed in the front and back of my vehicle.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180811/2093

Police Station Of Origin:
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999

3 of 3

Report No. T/20180811/2093

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

F /

Sgt 1 KANG YONG LER, JAMESON

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
11/08/2018 17:51

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Classification Of Case:

Authentication Stamp
NP168



Singapore Police Force

SUPPORTING DOCUMENTS



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 67414108

26 AUGUST 2019

1st Reminder

SOON YI WEI
BLK 5A UPPER BOON KENG ROAD
#04-710
SINGAPORE 381005

Dear Madam,

OUR REF : CC4/ASM18013060/gb3 // S8M000T9

YOUR REF : SLQ 9009K

ACCIDENT INVOLVING SLQ 9009K & SLC 9491Z ALONG ROAD 1 JALAN
RENGKAM ON 15/07/2018

We write to inform you that we are the appointed loss adjuster by your motor insurer, AXA Insurance Pte Ltd to deal with the third party claim against your motor policy.

We have checked our records and we are unable to trace your reporting of the accident to our office. For the purpose of assessing the claim lodged by the third party, we would require a report of the accident together with the original/coloured photocopied photographs showing the damages to your vehicle (if any) from you or your driver at the material time of the accident. This report is in a pre-set electronic form and has to be lodged through any of AXA Premium Workshops. Please refer to the back/folder accompanying your Certificate of Insurance for the list of our Premium Workshops conveniently located throughout Singapore. **Please report the accident within the next 07 days, i.e by 03 September 2019.**

Please note that with the effect of 1st Jun 2008, under the Motor Claims Framework (MCF), you are required to report any accident at our Premium Workshops or reporting centres (if applicable) with your accident vehicle (whether damage or not) within 24 hours or by the next working day of the occurrence of the accident. Any non-compliance of this condition will result in a loss of your No Claim Discount upon renewal of your policy and your claim will be prejudiced. The primary purpose of this reporting is to provide your version of the accident and does not automatically render you liable for the accident.

We are under strict obligations to inform the Traffic Police of the non-reporting if we do not hear from you. The Traffic Police may thereafter contact you and or the driver to attend at their office to make a statement or they may commence investigations into the matter.

We hope this would not be necessary and it would only further inconvenience you as well as the driver. We look forward to hearing from you soon.

Moreover, the owner of **SLC 9491Z** has submitted a claim against you and we are unable to revert on their claim as a result of your non-reporting of the above accident. If we fail to hear from you by **03 September 2019**, we shall assume that indemnification under the Policy is not sought, and we shall refer the third party claim to you for direct handling.

Yours faithfully

Cecilia Chong | Case Handler
Tel: 6749 4274
Fax: 6741 4108
Email: CeciliaChong@lkkauto.com

This is a computer-generated letter and no signature is required.

Cc AXA Insurance Pte Ltd
(Motor Claims Dept)

SUPPORTING DOCUMENTS



**SINGAPORE
POLICE FORCE**

Traffic Police
10 Ubi Avenue 3
Singapore 408865
Tel +65 6547 0000
Fax +65 6547 4883
www.police.gov.sg

Our Ref : TP/IP/42825/2018
Date : 15 August 2018

SOON YI WEI MANDY
BLK 5A UPPER BOON KENG ROAD
#04-710
SINGAPORE 381005

Dear Sir / Madam,

**TRAFFIC ACCIDENT INVOLVING SLC9491Z AND SLQ9009K ALONG JALAN RENGKAM ON
15/07/2018 AT ABOUT 2030 HRS**

I refer to the above accident.

2 We have completed the case. Our investigations have not produced any substantive results. Traffic Police is unable to conclusively determine the party at fault. Hence no action is being taken against anyone with regards to the accident, at this point in time.

3 You may wish to note that our decision does not preclude future prosecution should new evidence emerge at a later stage. Please be informed that our decision does not preclude you from pursuing insurance / civil claims.

4 If you have any clarification, you may contact the Investigation Officer, SSS LESLIE TAN at office number: 6547 6144.

Yours faithfully,

**HEAD INVESTIGATION
TRAFFIC POLICE
SINGAPORE POLICE FORCE**

This is a computer-generated letter. No signature is required.

SUPPORTING DOCUMENTS



**SINGAPORE
POLICE FORCE**

Traffic Police
Singapore Police Force
10, Ubi Avenue 3
Singapore 408865
Tel : 6547 0000
Fax : 6547 8259

Date : 31 Jul 2018

Your Ref :
Our Ref : TP/IP/42825/2018

SOON YI WEI MANDY
APT BLK 5A UPPER BOON KENG ROAD
#04-710
SINGAPORE 381005

000038



Dear Sir / Madam,

CASE OF TRAFFIC ACCIDENT ALONG JALAN RENGKAM ON 15 JUL 2018 @ 8.30 PM

Please be informed that Traffic Police is investigating into the above matter and will update you the status in due course.

2 IF you have not lodged a Police Report of a Traffic Accident (NP168) in respect of the said accident which is now required for police investigation, please do so as soon as possible at the nearest police station, Neighbourhood Police Centre (NPC), Neighbourhood Police Post (NPP) or online via Singapore Police Force Electronic Police Centre (<http://www.police.gov.sg/epc>).

3 Please note that the information given by you in the Police Report of a Traffic Accident (NP168) will be carefully considered. You may not be called upon for an interview if the information in the Police Report is sufficient for our investigation. However, if you have any further information or other evidence (such as CCTV footages) which you have not stated in your report and which you think will assist in the investigation, you are advised to contact the Investigation Officer within 2 weeks of this letter to arrange for an appointment.

4 You may contact the Investigation Officer TAN JEOK LENG LESLIE at his / her office number: 65476144 or the supervisor CHEW SOOK YENG at 65476425 if you have any further queries.

5 Thank you.

Yours faithfully,

PUTEH BTE SHARIFF (DSP)
CHIEF INVESTIGATION OFFICER
INVESTIGATION BRANCH
TRAFFIC POLICE

This is computer generated and does not require a signature.

Accident Photo



Accident Photo



Accident Photo



